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CONICAL CORNEA CURABLE.

By J. H. Dix, M.D.

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To establish the curability of a disease which has hitherto been asserted by the best authorities to be incurable, something more may be expected than a single case, and I regret that I have no other to offer; the only cases of conical cornea which I have recently met with, being combined with congenital amaurosis in the persons of two brothers, to whom, of course, no sufficient encouragement could be offered for submitting to a tedious course of treatment. To those who may take the trouble to read the whole statement of the case, this assertion will, I trust, not appear presumptuous or hasty. To others, whose interest may not be strong enough to enter upon its lengthened details, it may suffice to say that the cornea was conical in both eyes, most so in the right; that the treatment consisted in puncturing the cornea near its margin, so frequently as to keep the aqueous humor almost constantly evacuated, and in supporting and forcing gently back the projecting centre of the cornea by placing a compress upon the closed lids of the eye last punctured, while at the same time the opposite eye was allowed or obliged to be looking forward or downward; that the treatment occupied, with intermissions, fifteen months; that during this period the cornea of the left eye was punctured eighty, and that of the right one hundred and forty-four times; that before the commencement of the treatment she could just discover the largest letters of a title-page, and at its close could read common print with ease; that a visible flattening had meanwhile taken place in the cornea of both eyes, and that during the period of two years and four months which have passed since the treatment terminated, the condition of the eyes has remained unchanged.

The puncturing of the cornea for this disease is not, as is well known, a new, although it has been, like all others, confessedly an unsuccessful mode of treatment.* But the process of puncturing the cornea daily or oftener, evacuating the aqueous humor so frequently, as to prevent its attaining for some months its ordinary amount, is new. The mode of applying compression perpendicularly to the centre of the cornea by bandaging a compress upon the punctured eye, while the other is voluntarily kept open and looking forward or downward, is also new; and, in view of these two circumstances, I would claim to have devised for conical cornea a new and efficient mode of treatment. The punctures were made near the margin of the cornea, and always, if possible, in the same place, because the instrument is more easily passed through the recently-formed adhesions of a previous opening, and because the aperture thus renewed is less disposed to close again. Once, in order to ascertain the condition of the texture in this place, I punctured the apex of each cornea, and found it, as nearly as could be inferred from the resistance offered, not thicker than the thinnest tissue paper. The fear of leaving an opaque cicatrix in front of the pupil, prevented a repetition. The instrument used at first was a broad straight cataract needle, for which I substituted very soon one about a sixteenth of an inch broad, spear-pointed, and provided with a little projection or guard at the distance of rather less than an eighth of an inch from the point. The case was seen in the course of the treatment by several of my medical friends, among whom were Drs. Wm. J. Dale and Coale.

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* Mackenzie, Lawrence, Middlemore, Gibson, Juencken, Rosas, &c.

May 6th, 1843.—Miss B., of Dracut, æt. 22, about six years ago, while at school, was troubled with a smarting and pain in the eyes, and intolerance of light, unaccompanied, as she believes, with any redness. These symptoms continued for about six months, and about three years ago she found that her vision had become very imperfect, that she could not read except by day-light, and then with difficulty, and could not see distant objects at all. The difficulty has clearly increased, and within the last year she has seen constantly transparent floating spectra like bubbles, and all objects, at which she looks intently, inverted, with a light halo. Still more recently she has begun to see objects double, and this whether she is looking with one or both eyes, though the double vision is most decided in the right eye, in which the disease of the cornea is most developed. Now she can just discern, at the distance of five inches, the largest letters of a title-page, though each letter is seen doubled, and encircled with a sort of halo.

The false image is always below the real one, and though usually fainter, is sometimes the brightest. The halo which she sees around an object is of the same color as the object. Besides these phenomena, there is in every object at which she looks intently, an apparent vibration, or, as she calls it, pulsation, most evident near the lower part of the image. This pulsatory movement is most distinct when she has been walking or exercising otherwise. The cornea of each eye is distinctly conical, the right more so than the left. The apex of the cone in the right eye is irregular on its surface, and very slightly nebular. Some irregularity of surface is evident on examination with lens in the apex of the cone in the left eye. The double vision is most distinct before the right eye. Occasionally, after exposure to wind, she has a smarting in the eyes. Iris dark blue. Health good.

July 5th, 1844.—It is now fourteen months that Miss B. has been under treatment, and the following is an abstract of the treatment.

With a broad cataract needle I evacuated the aqueous humor of each eye, making the opening into the cornea at the distance of about half of a line from the margin of the cornea, and taking care to hold the edges of the incision apart until the chambers were thoroughly evacuated, indicated, of course, by the prolapse of the iris upon the cornea. This operation was done upon both eyes every second or third day, for nine weeks, after which she returned home, and, for eight weeks, made use of an infusion of tobacco, one ounce to a pint of water, and a collyrium of alum, grs. vj.; aquæ dist., ℥ j., alternately four times daily, holding the eyes open in the fluid.

Returning to Boston, the process of puncturing was resumed, and in the course of twelve weeks performed thirty-two times upon each eye, both being usually punctured at the same time, unless, as was sometimes the case, the perforation of the cornea in one eye continued open longer than in the other. She then went home, and applied the tobacco and alum as before, for five weeks.

Returning again to Boston, she has remained twenty-nine weeks, during which time the right eye has been punctured sixty-one, and the left forty-eight times.

The punctures have been made throughout the whole period as often as the cornea has closed and the aqueous humor filled its chambers, so that it has often been done daily, and in one or two instances twice daily. During the two first periods, the punctures were made at the same time upon both eyes, except when one continued open longer than the other, and both eyes were kept covered for two or three hours afterwards with cold compresses. During these periods it was at no time considered necessary to refrain from the operation on account of inflammation or pain in either eye. During the last period of twenty-nine weeks I have pursued a different method. One eye is punctured and the compress placed upon it as usual, but she keeps the other eye open, looking forward or downward with it as long and as often as she can do it with tolerable convenience. This arrangement I adopted for the purpose of bringing the pressure of the compress to bear upon the projecting cornea. When both eyes are closed, the direction of the cornea is principally upward; but when one eye is closed and the other open, the position of the eye which is closed corresponds with that of the eye which is open, and the cornea is brought under the direct pressure of the compress. This is necessarily attended with some inconvenience, and on two occasions, Miss B., having kept the eye which had not been punctured open until the other had become quite painful, the puncturing was omitted for two or three days after the closing of the cornea. In one of these instances a slight haziness took place around the incision, which disappeared in about four days.

For the last five or six months no inconvenience has resulted, Miss B. having learned to judge from the sensations of the eye how long the pressure can be borne.

The whole number of punctures has been two hundred and twenty-four, of which one hundred and forty-four were upon the right, and eighty on the left eye. They were made as nearly as possible in the same place, near the circumference of the cornea, in order to avoid a cicatrix within the range of vision, and frequently it was only necessary to separate the edges of the last opening not yet fully united. The occasional projection of the cornea has slowly subsided, and though still perceptible, is probaby diminished about one half.

During the fourth week of the treatment Miss B. first observed a decided change in the phenomena of her vision, inasmuch as the false image of any object, at which she looks, being fainter, is more easily distinguishable from the real one, and the two images had become so much approximated that a portion of the false one was often hidden behind the real one.

During the course of the second series of punctures, she found that the halo around objects was less intense, that the vibratory, pulsatory movement of the image, most considerable at its centre and enhanced by fatigue, was less frequent and less decided than before; and that the luminous translucent spectra were less in number and size.

As these symptoms have disappeared, the shortsightedness has diminished, and by a mantel clock, of the general figure of which she had formerly but an indistinct impression at a distance of ten feet, she can now, at the same distance, tell the time of day. The surface of the dial plate is about one tenth of the whole surface of the clock. She can read common print, write and sew. I have to-day received a letter of a page and a half from her, in which she says that she has just been reading two columns of a newspaper at the distance of about twelve inches.

Nov. 10th, 1846.—It is now three years and seven months since the treatment of this case was commenced, and two years and four months since its termination. To-day she calls upon me to report the condition of her eyes. Looking at her eyes I perceived, as nearly as I can remember, after so long an interval, the same and no greater projection of the cornea than when I last saw her. In the left eye the cicatrix left by the punctures has disappeared, and in the right is just discernible. Her vision has not in the least degree deteriorated. She can tell the time by my mantel clock at the distance of sixteen feet, and for the past week has been reading about two hours daily in newspaper print. This amount of use, however, causes a slight uneasiness in the eyes, but she believes not so much as immediately after the conclusion of the treatment. There is, therefore, good ground to believe that the excessive convexity of the cornea has been *permanently* relieved.

Boston, April 20th, 1847.

THE LATE JOHN REVERE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"Died at New York, 29th ult., John Revere, M.D., Professor in the Medical School of the University of New York, 60, graduate at Harvard University in the class of 1807."

THE above announcement brought vividly to mind an old fellow pupil, and an early friend. Dr. Revere was born in this city, and his father is in honored memory for faithful and important services in the war of the Revolution, and as a citizen through a long life afterwards.

He entered as a student of medicine with Dr. James Jackson, after his graduation in our University, and it was here that I formed an acquaintance with him which has continued, with interruptions, ever since. We had attended medical lectures together at Cambridge, and our classes were so near as to allow of some intercourse before. He was an excellent medical student. He was desirous of success, and he labored to obtain it. It is in certain memory that he did not study in vain. It was the custom then to study in the preceptor's house or office. The student was called on to put up prescriptions when needed. A great deal of time, the day, the whole day, and evening, were devoted to work. We were examined in the books we read. We did not in the first weeks or months of pupilage, see much practice. We devoted the time to getting eyes, so to speak, to see with. Accidents, surgical operations and *post-mortuary* examinations we were permitted to witness, and these formed the principal matters of practical observation, and of outward study. Dr. Revere was very faithful to such opportunities, and early acquired habits of investigation which were confirmed in later and wider fields of study.

We parted upon leaving the office of our earliest and most important instructer—he for Europe, and I for Philadelphia. After three years or more, I met with Dr. Revere again in Edinburgh. He had visited other cities, devoted himself to professional studies in them, and had reached Edinburgh with a view to graduating in its celebrated medical school. That winter was a most pleasant one. The best opportunities for study and for practice were offered the student, and the society of Americans, and of the inhabitants, made our Edinburgh residence exceedingly agreeable. We lived in the same house, pursued like studies, and had the same society. In the School were Gregory, Hope, Home, Hamilton, Monroe—in the literary society were McKenzie, Ferguson, Scott, Jeffrey, Sinclair, Grant, Brown, &c. From America, we had Messrs. F. Parkman, Isaac Hurd, B. Lincoln, of Boston; Renwick, of New York; Rensselaer, present patroon of Albany; B. Rush, of Philadelphia; and Mr. F. C. Lowell, of Boston, and his family, and to these, especially, we were all most deeply indebted for a hospitality and an introduction to a society, which made that half year to Dr. R. and myself so highly agreeable, and so truly useful. I cannot forget a tour on foot which we made together that autumn through the Highlands of Scotland, then made classic ground by the poetry of Scott, and even more so since by his wonderful prose.

Dr. Revere returned to Boston after finishing his education and getting his degree, and began to practise medicine. He began, as was not uncommon then, at the "North End," and came further towards the centre of the town as his practice increased. His health, however, began to fail. He suffered from frequent attacks of inflammation of the lungs, accompanied by bloody expectoration, and followed by long cough, and at length presenting many of the rational signs of phthisis. Such at length was his exhaustion, and difficulty, if not impossibility, of doing any business, that he was advised to go by water to a southern State, and to learn what might be the effect of a short voyage, and of change of climate. He went to Richmond, Va., and arrived there after a short detention in a harbor in the bay, in a condition remarkably improved; his cough and expectoration were nothing to what they had been, so that after remaining a short time in Richmond, he left for Baltimore with a purpose of settling in that city. He began practice there, and having leisure, devoted some of it to the study of chemistry, and to experiments which might result in useful discoveries. Among these were attempts to prevent the rusting of iron in sea water, with a view to using this comparatively cheap metal on the bottoms of ships, as a substitute for copper. Dr. Revere, thinking he had arrived at his object, went to England, and there interested Sir Wm. Adams, formerly a distinguished oculist, in his project. He remained abroad two or three years, and then returned to America. While in Baltimore he had translated Magendie's Physiology, and published some papers on professional subjects. From Baltimore he removed to Philadelphia, and there was appointed Professor of the Theory and Practice of Physic in the Jefferson College. Having lectured here some time, he received an appointment to the same professorship in the Medical Department of the University of New York. He accepted it, and had lectured in New York, I think, two sessions, and there has lately died.

It will be seen that Dr. Revere's professional life was very much occupied in lecturing, and in its preparation. To this he at length almost exclusively devoted himself. He passed a part of his summers here in the society of his family and friends, and returned to his public labors as the time approached for their exercise. He is spoken of as a successful teacher. He studied faithfully his subject, and after strictly philosophical methods, which gave great accuracy to his teachings. The philosophy of Bacon, and its methods, were favorite studies with him, and his lectures, it is said, had their character from the instructions of that great master of thought. An intelligent pupil, who had attended a course in the New York University, and was a late graduate in our own, said to the writer, that he thought Dr. Revere one of the best lecturers he had ever listened to. He said that he always laid out his ground with great care, kept his subject steadily before him, and presented it as a connected whole after a method so severe, and exact, that a student who would give to it his undivided attention could not fail of receiving important instruction. I was glad at his success, and this illustration of it is fresh in my memory.

Dr. Revere was courteous, of very agreeable manners, and a truly amiable man. He was desirous of excellence. He was ambitious of distinction in that to which he devoted himself, and labored to obtain it. He had wide opportunities for that study which might qualify him for public teaching, for he was not interrupted by disturbing professional engagements. His mind was filled with the observations, and the thinking of others. He gave to these his own mind, gave to their study his nights and his days, and so made them his own. He studied medicine very much, but not exclusively, as public teachers study other sciences; and he taught after their methods. Authority took the place, often, of personal observation, and the Professor was satisfied that with true light, he should not lead others astray.

It is a curious, if not a distinctive fact, amongst us, that our medical public teachers are not always practical men, as the phrase is. They are devoted to teaching as the main business of life, and not unfrequently fill chairs in different schools at the same time, passing from one to another, as one course is closed and another begins. Is it not said somewhere of Boerhaave, that he studied medicine *after* he was made a professor? It is certainly true, that men who have begun as teachers of one branch of medical education, have sometimes passed at once to an entirely opposite one, and have become far, far more distinguished in the last than they were in the first. Cullen began with teaching chemistry, and ended by being one of the most celebrated teachers of the theory and practice of medicine of any age.

I sat down to say what the announcement of the sudden death of an old fellow pupil and an early friend brought to memory, and to feeling. I have said a few words of one who has filled an important place in one of the most responsible situations of human life. He who would truly teach, must be wisely and greatly taught. I was glad that the very latest news I had received concerning Dr. Revere, was of his success as a teacher, and from one who had obviously given faithful attention to his teachings. Forty years and more have passed away since I became acquainted with Dr. Revere, and the impression which remains of his character, and aim in life, is one which it will be pleasant and grateful to me to cherish. W. C.

Boston, May 5th, 1847.

VISCERAL NEURALGIA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I send you the following report of a case which has recently occurred in my practice, and which, on account of the interest it presented to me, I have supposed might be interesting to at least a portion of your readers. The symptoms and appearances noted are just as they presented themselves to me, and were noticed, without much regard to system, in the progress of the treatment.

Mrs. P———, married, aged about 65 years, presented a debilitated and anemic appearance, with a countenance expressive of great anxiety. The patient has been for some weeks subject to paroxysmal pains of a very acute and lancinating character, which came on almost daily in the morning after rising from bed, without any premonitory signs whatever, sometimes ceasing as suddenly as they commenced, and always declining in the course of an hour or two. She has been under the care of a physician of the neighboring town, a practitioner of high standing and respectability, who has visited and prescribed for her as often as circumstances would allow, but without any material alleviation of the disorder.

An attack of unusual violence, compared with any that had preceded it, was the occasion of my being called in. The pain was described as commencing at or near the epigastrium, and shooting both upwards and downwards, and at length apparently locating itself in the left hypochondriac region. The patient's appetite has been good during the whole course of the disease, owing, probably, to the course of treatment pursued by my predecessor, which, so far as I could learn, had consisted principally of the use of tonic bitters, united with an occasional aloetic laxative. Morphia in small doses had also been administered.

Finding that there was no prospect of an immediate subsidence of the excruciating pain under which the patient was suffering, I administered a powder of morphia and pulv. Doveri, which afforded immediate relief. A blister to the epigastrium was directed, and lin. ammon. to the left hypochondriac region. Powders of morphia to be taken, as circumstances might require, until my next visit. At the next visit, on the succeeding day, found the patient somewhat better; had suffered less from the pain, but still had had an attack of some severity this morning. Blister dressed, as usual, and re-applied lower down. Being satisfied that the disease was purely a "a visceral neuralgia," I directed the following:—R. Ol. terebinth., ʒ ij.; mucil. acaciæ,. ʒ vj.; aq. menth. pip., ℥ x. M. A tablespoonful to be taken three times a-day. This having been continued for several days, a manifest improvement was to be seen, although the pain was occasionally felt, and the patient continued weak. The exhibition of the sesquioxide of iron was then commenced, in doses of twenty-five grains three times daily. Under this treatment the patient gradually improved, and continued to gain health and strength daily until my visits were discontinued.

It will be seen that the treatment of this case presents nothing novel or original, as the efficacy of the carbonate of iron has long been known and acknowledged by medical writers. But the disease was apparently mastered previous to the exhibition of iron. I am disposed to attribute the cure to the counter-irritation and small doses of oleum terebinthinum.

South Paris, Me., April, 1847. Yours truly,

Wm. A. Rust, M.D.

CASE OF MONSTROSITY.

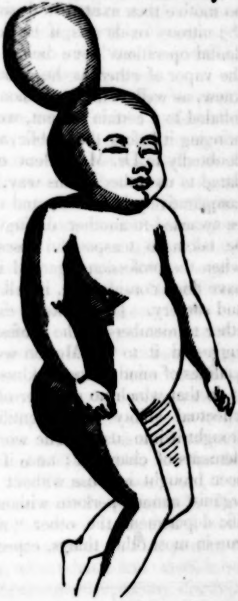
To the Editor of the Boston Medical and Surgical Journal.

Sir,—I beg leave to send you the following case, and if you should think it of sufficient interest to give it a place in your Journal, you are at liberty to do so.

On the 7th of August, 1846, I was called to see Mrs. ——, in labor with her fourth child. Within an hour after I arrived at the house, she was delivered of a living male child. The presentation was the most favorable, and the labor comparatively an easy one. The child was small; it was not weighed, but I should judge that its weight would, under ordinary circumstances, have been about seven pounds. But the child was born with a deformity such as I never witnessed before. The accompanying figure is a tolerable good representation of this deformity.

It resembles a double-headed monster, one placed above the other. The connecting attachment was about two inches in diameter, and directly over the posterior fontanelle. The exterior covering of this superior head (if I may so call it) seemed to be the integuments of the natural head, reflected off, to form a covering to this second head. About three fourths of the lower part of this deformity was covered with hair, like that on the natural head of the child. I did not take the dimensions of the two heads, but I should judge their different diameters were nearly equal. The neck connecting the two heads was quite short, and when the superior one was pressed to one side, it was with difficulty that a finger could be pressed down to the connecting attachment.

The natural head was somewhat defective in organization. The forehead retracted like that of an idiot. The drawing I send you represents the connection too high up; it should be immediately over the posterior fontanelle.



Mrs. ———'s health had been poor for many years, and for four or five months previous to her confinement she had labored under what Dunglison calls aphthous stomatitis of the confluent form, and had become, in consequence, very weak and quite emaciated.

I will observe here, also, that after her previous confinement, eleven years ago, she was attacked with thrush, from which she did not recover in several months, and her health had never been good up to the time of the birth of her last child. D. B. N.

Homer, Michigan, April 20, 1847.

DISCOVERY OF THE EFFECTS OF ETHER.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—Much is being said to substantiate the claims of different individuals to the discovery of the ether as used in the new way. I think I can state the facts in a few words to the satisfaction of the readers of the Journal generally—certainly to myself. I shall begin by saying that I called on Dr. Jackson last fall, when this thing first came out, and made inquiries in relation to it. Dr. J. told me, which was probably true, for no motive then existed to dissimulate, that Dr. Morton called on him for the nitrous oxide gas, if he knew of nothing better, to be used while dental operations were being performed. Dr. Jackson told him to use the vapor of ether, as he should prefer it to the gas. Dr. J. of course knew, as well as the profession generally, that the vapor of ether, when inhaled to a certain extent, would produce insensibility. The credit of bringing it before the public, after it was suggested by Dr. J., is due undoubtedly to Dr. M.'s talent of recklessness. The profession had never dared to use ether in this way, until it was shown by Dr. M. that it was comparatively harmless; and the same credit is due to him that should be awarded to another distinguished quack who showed that ether could be taken in teaspoonful doses, not only with impunity but with benefit, when the profession regarded it as a dangerous dose. Reckless quacks have done considerable, in all ages, to advance the science of medicine and surgery. Dr. Jackson did not think of suggesting the use of the ether to members of the profession, and the only probable reason why he suggested it to Dr. Morton was that Dr. M. was fitted by nature with qualities of mind, being reckless and bold, and untrammelled by education, to do that which no member of the profession would have dared do. Intellectual ability and scientific attainments suggested it, recklessness brought it into use. The world owes the discovery to these combined elements of character; and if all were necessary, and it could not have been brought into use without them, they all should have credit. The organist cannot perform without the blower; one superintends the scientific department, the other "raises the wind." What is true in this, is true in most other things, especially is it so with the ether. **A.**

THE DISCOVERY OF ETHEREAL INHALATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having seen an article, by Edward Warren, in the Medical Journal of the 28th April, which has special reference to myself, with your permission I will answer through the same medium, as briefly as possible.

Mr. Warren, who is a gentleman in the office of Dr. Morton, seems to exult in the possession of a letter with my signature, which he has published. I am much surprised that Dr. Morton, for his own sake, should have permitted that letter to be published, for when *his* letter is read, to which mine was an answer, it places the whole matter in quite a different light. Dr. Morton, in his letter dated 19th October, 1846, gave me to understand that he had made a discovery which would entirely eclipse the one I had made. He says:

"I have discovered a *preparation*, by inhaling which a person is thrown into a sound sleep; the time in which persons remain asleep *can be regulated at pleasure.* While in this sleep the severest surgical or dental operations may be performed, the patient not experiencing the slightest pain. I have patented it, and am now sending agents to dispose of the right to use it. I have used this *compound* without a single failure in over one hundred and sixty cases, in extracting teeth. My object in writing you is to know if you would not like to visit New York and the other cities, and dispose of rights. Respectfully yours,

W. T. G. Morton."

Now I would ask all who have made use of ether since its first introduction, on perusing the above letter, if they would for a moment imagine the discovery, as above described, to consist in the use of this article ether? On receiving the above letter, I went to Boston to learn the nature of this improvement on my discovery; I there saw Dr. Morton administer his (so called) compound, and the patient, instead of going quietly to sleep, to be aroused at pleasure, as I had been informed would be the case, became exhilarated, succeeded by a stupor, the same as is produced by the inhalation of nitrous oxide gas. While at Dr. Morton's office, three or four other patients inhaled the "compound," two of whom informed me that it was an entire failure. I thought this remarkable after his operating on one hundred and sixty patients "without a single failure." I then inquired about his patent, which the letter stated had been obtained for the compound, and learned, to my surprise, that he had not obtained one, nor even made an application for one; as will be seen by the date of his letter to me, and the date of his application for a patent, the specification bearing date October 27th, 1846, and the date of his letter being 19th October, 1846. Mr. Warren states that I "returned home, determined to have nothing to do with the business." Now is it at all strange, after the above development of facts, that I acted thus? In the first place, what could I do in reference to his patent, for he had got none; and in the next place, after what I had seen, it was evident that this "preparation" was no improvement upon my discovery (with which I had made him acquainted more than eighteen months before), even allowing it to be a "compound." In November, 1844, I made this discovery, and applied it with perfect success, as is proved by affidavits of the very first character. I have also proved that I went to Boston at that time to make my discovery known to the medical faculty, and addressed Dr. Warren's class upon the subject, and endeavored to establish the principle that the nervous system, when wrought up to a certain degree of nervous excitement by any means whatever, would become insensible to pain; then stating that I was using nitrous oxide gas for this purpose, considering it the most harmless. When I first made the discovery, rectified ether was used, as well as nitrous oxide gas. This is clearly proved by affidavit; but I preferred the latter as being more agreeable to inhale, and less liable to do injury.

It is truly astonishing to see with what pertinacity Drs. Jackson and Morton adhere to their pretended priority of discovery, simply because I gave the preference to the nitrous oxide, after having tried both the vapor and the gas. It has been said that the rectified sulphuric ether vapor acts as a sedative merely, while the nitrous oxide gas only operates as a stimulant. This is a mistake, and no man who has ever made experiments with both the gas and vapor will make such an assertion. When I first administered the nitrous oxide for a surgical operation, I was astonished that the patient did not exert the muscular system, as is generally the case when taken merely for pleasure, and this proved to be the case in subsequent operations. That this is a remarkable phenomenon, is acknowledged by all who have made use of it for this purpose, and it is precisely so with the vapor of ether; both at first stimulate, then, when continued to excess, act as a sedative, producing a stupor. Several gases of this nature are now being used in Europe with perfect success. Does it follow that every one who makes use of a different gas is to be entitled to the credit of this discovery; or is it the one who first proved, by actual experiment, that one of these gases would have this wonderful effect? Every reasonable man will at once say that the *principle*, when fully demonstrated, constitutes the discovery. Both Drs. Jackson and Morton admit that they were fully aware that I had used nitrous oxide for this purpose long before the date they give as the time of their discovery. Suppose A makes the discovery that a certain degree of compression of the limb, with a cloth bandage, will so paralyze the limb that it may be amputated without pain, and he proves this beyond a doubt, presenting his discovery to the world. Soon after, we hear of B, proclaiming that he has made a wonderful discovery, which consists in the use of a leather strap to produce this compression, and he insists that it is nothing like the discovery of A, who uses the cloth bandage. Now these are parallel cases, and if each gas or vapor which may be used for this purpose is a distinct and independent discovery, then allow me to ask, where will it end? I informed Drs. Jackson and Morton of this discovery in November, 1844, both admitting that the idea was entirely new to them. Dr. Jackson particularly seemed inclined to ridicule the whole thing.

Mr. Warren states that my experiment before the medical class in 1844, was a failure, and all pronounced it a "humbug." Now this is perfectly true. The gas bag was removed too soon, and the patient experienced some pain, and I was denounced as an impostor; no one seeming inclined to assist in further experiments. The excitement of this adventure immediately brought on a protracted illness, which compelled me to relinquish my professional business entirely. For this reason, and because I did not wish to incur the responsibility of administering this powerful agent without the co-operation of the medical faculty, my operations have been somewhat limited, but perfectly successful. I had operated on something like fifteen patients with the gas before having the interview with Drs. Jackson and Morton in November, 1844. After relinquishing my professional business in consequence of this illness, Dr. Morton requested me to prepare some of the gas for him. I told him to go to Dr. Jackson, as he was a chemist, and get it. The sequel is already known. In due time we heard of surgical operations being performed at the Hospital, without pain, by means of a secret "*compound*," and Drs. Jackson and Morton announced as the discoverers. Ere long my discovery, which I designed should be free to all, is trammelled with a patent.

Mr. Warren speaks of an interview which he had with the Hon. James Dixon. To show him that his memory sometimes proves treacherous, I will here give a copy of a letter which I have just received from Mr. Dixon.

"Hartford, May 5th, 1847.

DEAR SIR,—The communication of Mr. Edward Warren, of Boston, to which you have called my attention, is incorrect in several particulars. Mr. Warren, it seems, misunderstood my conversation with him. The person whom I consulted with, in regard to the use of your discovery, was Dr. Riggs, of Hartford, and not yourself, and I so informed Mr. Warren. Yours respectfully, JAMES DIXON."

"*Dr. Horace Wells, Hartford.*"

With the foregoing statement of facts, I close, wishing, in all sincerity, to receive no more credit for this discovery than what in justice I am entitled to. Respectfully,

Hartford, May 5, 1847. HORACE WELLS.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED WITH THE TREATMENT OF DYSPEPSIA.

[Continued from page 272.]

CATHARTICS *(subject continued)*.—The neutral and other salts, as purgatives, still remain to be noticed. Those principally employed are, the sulphate of magnesia, the sulphate, bi-sulphate, tartrate, and bi-tartrate of potass; the sulphate, potassio-tartrate, phosphate and acetate of soda.

Saline purgatives have been, and still are, often prescribed in cases not suitable for them. Almost the only cases in which they ought to form the principal component of any cathartic draught or mixture, are those of costiveness in plethoric and robust subjects, with some biliary derangement. In such cases, combined with senna or jalap, they act well, and soon remove the fœtor and accumulations of the prima via. In biliary subjects, of the temperament just described, the bi-sulphate, tartrate and bi-tartrate of potass, are peculiarly indicated.

But in subjects of phlegmatic temperament and strumous diathesis; in rheumatic, at least, chronic rheumatic subjects; in those with heart affections, more particularly in those with structural affections of the right cavities of that organ; saline purgatives are always hazardous, often rapidly or suddenly fatal. We have observed cases in which pulmonary tubercles, indolent, and which might have been kept indolent for an indefinite period, have been converted into vomicæ by a week or two of saline treatment. In many cases of recurrence of rheumatism in persons chronically liable to it, I have traced this to two or three saline draughts. Some of the most alarming cases of subsidence of the heart's action, accompanied with a cyanotic hue of face and extremities, I have seen undoubted reason to refer to the same cause. In other cases, interrupted pulse, palpitations, and that peculiar oppression which accompanies defective oxygenation of the blood, have been the results.

Even in cases of gout, and that, too, in robust subjects, saline purgatives seem occasionally to have most questionable effects.

Some scrofulous and rheumatic persons are in the habit of frequently using Seidlitz powders and effervescing draughts, and thus ignorantly do themselves injury.

It may be added, that, in general, when, after surgical operations or wounds, we wish union by first intention, saline purgatives are to be interdicted.

In the list of what may be called *dietetic* purgatives, may be enumerated manna, honey, tamarinds, prunes, figs, peaches, grapes and raisins, cooked and uncooked apples and pears, strawberries, gooseberries, *et id genus omne*. To these may be added lettuce, celery, &c. Before quitting the subject of purgatives, we may notice sulphur, which is a very mild evacuant, promoting the mucous secretion of the colon. The quantity of sulphuretted hydrogen gas, however, which it gives rise to in the bowels, sometimes causes a faintness, approaching to syncope, in hysteric and nervous subjects.

Chlorosis.—Amenorrhœa and chlorosis are not identical, as some loosely consider them. Nor does the one, by any means, *necessarily* imply the other. They are, indeed, often associated; yet while amenorrhœa may depend on another cause than chlorosis, this latter affection does not involve, as a condition of it, an absolute stoppage of the menses, though it certainly does involve a diminished flow or a change in the quality of that discharge. We have already considered the subject of amenorrhœa (see page 31).

Another relation between chlorosis and amenorrhœa may be noticed. While chlorosis may be, and often is, the cause of amenorrhœa, amenorrhœa, *in ipsa*, probably never is, or can be, the cause of chlorosis. Chlorosis consists in, or is accompanied by, a deficiency in the blood of red globules, and of fibrin. Now a simple amenorrhœa, far from causing or promoting such a deficiency, would have a directly contrary effect.

In chlorosis, the change in the circulating fluid is probably a secondary one, the *fons mali* being pretty plainly in the nervous system. We can say little more about it, than that a certain inertia, of a simply functional kind, seems to occur in the nerves of the stomach, bowels and uterus, accompanied, occasionally, with morbid action in the nerves of the organ first named, as manifested in the pica of chlorotic females.

Many reasons exist for suspecting that chlorosis, usually considered as specially a disease of sex, is often not so, but that the torpor of the uterus is *consecutive* of that of the colon, and is propagated, by sympathy and juxtaposition, from the latter organ to the former. In not a few cases it will be found, after the minutest inquiries, that derangements of the stomach and bowels were long antecedent to any appreciable disorder of the uterus. If so, we are not warranted in assigning to the latter priority in the chain of disease.

May we not plausibly suppose that, in *some* cases at least, the amenorrhœa of chlorosis is simply the consequence of a deficiency of the monthly superabundance of blood, which ought normally (so to speak) to occur in every healthy young unimpregnated female; this deficiency being, in its turn, simply due to torpor of the digestive organs, and a consequent defective supply of chyle?

Whatever the nature and origin of chlorosis may be, it is certain that the most successful treatment of it is found to consist of means addressed to the digestive organs, to which, however, is to be added the important means, marriage, which, of course, in cases of chlorosis, plainly originating in the want of this, constitutes the natural and radical cure. But, as I have already observed, chlorosis has sometimes other than a sexual or uterine origin, of which a further proof is, that it occasionally occurs in married women apparently attached to their husbands, and having, seemingly, no grounds to complain on their part of the non-fulfilment of marital duty.

Pills or mixtures, including quinine, aloes, and the preparations of iron; gentian, aloes and iron; myrrh, zinc and absinthium; canella, cardamoms, cloves, ginger, horse-radish; ergot of rye, savine, cantharides, rue, phosphorus; wine, walking, riding, dancing; scenes of gaiety and excitement—are some, among the various means, which we must put in force.

Chorea.—This is a singular and obscure affection, consisting of an involuntary action of the spinal motor nerves. In a few cases its *origin* seems to be cerebral and mental, the involuntary action of the motor nerves being at first secondary, though afterwards remaining as a permanent, and as the sole affection. In other cases, it seems attributable to an excitable nervous temperament, co-existing with muscular debility.

It not unfrequently, also, arises from chronic irritations of any kind. Thus the irritation of intestinal worms is occasionally propagated, by the sympathetic nerve, to the spinal cord. Prolonged itchy affections about the anus have also caused it.

Such being its various origins, we may judge that the unvarying and routine treatment of it by purgatives, suggested by Dr. Hamilton of Edinburgh, was irrational and dangerous. It suited, of course, only those cases in which there were intestinal worms or irritating fæcal accumulations, or torpid bowels, but was injudicious and injurious in the cases of feeble, ill-fed, cachectic, and susceptible subjects. In those cases, not uncommon, in which chorea is caused by, or connected with, sexual excitement, the practitioner must, of course, suggest marriage. Failing this, exercise, restrained diet and purgatives, may be proposed; but while these, even at the best, are inadequate and unsuitable means, they may, if pushed so as to obtain the end in view, cause greater evils than they remove or prevent.

In chorea, there is generally more or less derangement of appetite and digestion, more or less irregularity in the action of the bowels. Even in cases in which there is no suspicion of worms in the intestines, we have great faith in the use, in draught and enema, of the oil of turpentine. Friction with the same over the abdomen and lumbar spine will be found very useful.

A conjunction of metallic tonics and bitter vegetable extracts, tonic and purgative, should be steadily tried. Seldom, except in chorea, traceable to want of sexual intercourse, should purgatives be employed apart from tonics. We place much reliance in the use of nitrate of silver, combined with nux vomica, and continued for several weeks, purgatives being used or not, according to indication.

Chyle, Chyme.—These, both alphabetically and physiologically, may be considered in connection. We purpose not to enter here (having, to some extent, done so elsewhere) into any elaborate chemical disquisition respecting them. It may, in general, be observed, that they are the primary, and therefore the fundamental, and most important, processes of the animal organism. Through them are elaborated those fluids and tissues, to whose wondrous combinations, as the condition of such combinations, life is attached.

It is an observation of Plato, who paid no small attention to medicine, that "an error in the first decoction is never cured in the second." The precise meaning of these words, as understood by him who used them, it is needless to inquire, but it must be admitted, that the remark applies essentially to the relations of the chyme and chyle, it being obvious that the normal constitution of the latter must be principally or wholly dependent on that of the former.

According to the most recent and authentic researches, chyme is a complex fluid. It most probably contains, in *partial* and *only* partial union, with the dietetic ingesta, the various principles forming the gastric juice, such as hydrochloric, lactic, acetic, carbonic, and, it may be, oxalic and butyric acid; and, in addition to these, the principle called pepsin. Though pepsin undoubtedly aids in the chymification of food, yet, as it is certain that hydrochloric, and perhaps one or more of the above-named acids also most materially and essentially co-operate, hence the giving of alkaline draughts immediately before meals, or inconsiderately on other occasions, may do evil, by neutralizing the physiological as well as morbid acids. Dr. Prout judiciously recommends that, generally, the dose of antacids should not exceed ten or fifteen grains of the alkaline salts.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 12, 1847.

Artificial Limbs.—Mr. Ferdinand Bardeen, of Providence, R. I., constructs artificial limbs that far surpass anything of the kind heretofore manufactured in this country. It is questionable whether any artisan in Europe has excelled this native genius, and we are therefore happy in doing our part to sound forth his fame, because the unfortunate may be directly benefited by the intelligence. Mr. Bardeen having had his own right leg amputated above the knee, pondered upon a plan of furnishing a substitute for the lost limb. After a succession of trials, he has at last triumphed, by constructing one that operates in the joints so nearly like nature's mechanism, as to excite the surprise of the spectator. It would be a useless effort to describe the various India rubber muscles, acting antagonistically, to bring about all the requisite motions in walking, sitting and rising, and we shall not therefore attempt doing so, but simply state the fact that Mr. Bardeen walks without a cane or crutch, hardly appearing even to limp in his progression; and when he was explaining the excellencies of his invention over those in general use, the pantaloons being drawn up, it was some little time before we discovered that the illustrations were made on a wooden leg, so admirable was the shape, color, flexion and extension. We can recommend this ingenious workman to those who have suffered as he has, feeling confident that their highest expectations will be realized.

Mr. Bardeen entertains some important views upon the subject of amputation, which commend themselves to the consideration of surgeons. In taking off the leg above the knee, for example, he remarked that it seemed to be the ambition of operators to save as much of the thigh as possible, without any reference to the character of the stump. This he condemns, as a decidedly bad practice, since no stump is so good for adjustment to an artificial limb, as one where the leg is taken off a little below the middle of the thigh. The same holds true in respect to the stump below the knee; it should not be too long. Again, having had an exquisitely sensitive stump, so much so that he cannot bear any weight on the end of the bone, owing to the thinness of the flap over it, and the sharp edge over which the skin is tensely stretched, his experience in this matter also ought to have weight with surgeons, since the turn given in a moment, in the act of excision, may determine the comfort or misery of the patient for life. An instrument is wanted, not unlike a cup, having file teeth on the inside, which, placed against the exposed bone and turned in a bit stock, would reduce the sharp edge, leaving a smooth convexity, like the large end of an egg. Over this, the flap would constitute a perfect cushion, on which the weight of the body might be borne. A necessity for preparing the bone in this manner is so evident, that it is surprising an instrument, thus clearly indicated, has not long ago been added to the surgeon's case. It would be gratifying were Mr. Hunt, the skilful cutler, to bring out the thing here shadowed forth. For the want of this precaution, Mr. Bardeen, as before remarked, cannot press the stump on the softest bed, but sustains his weight on the walls of the thigh, pressed into a conical tube of wood. The effect of this constant pressure, is to diminish considerably the size of the whole mass of the stump.

National Medical Convention.—On Wednesday last, according to previous arrangements, this body assembled in Philadelphia at an early hour, and organized for the despatch of business. The manner in which the delegates were received by the medical profession of Philadelphia, was exceedingly cordial and gratifying. The Convention held its daily sessions in the elegant hall belonging to the Academy of Natural Sciences, located in Broad street. A series of hospitalities characterized the intercourse of the representatives with the medical gentlemen of Philadelphia, which will not soon be forgotten by the former.

The committee on credentials reported about 300 names of delegates, several of whom were delegated by more than one Society or Institution.

Thirty-eight of these were from the New England States, 14 being from Massachusetts. The State of New York was represented by 85; Pennsylvania, 85; Virginia, 32; Delaware, 13; Maryland, 16; and all the other States a smaller number, excepting Maine, Alabama, Arkansas, Wisconsin, Texas, Iowa and Florida, which were not represented. A committee of one from each State (Dr. O. W. Holmes, of Massachusetts. chairman) nominated the following as officers of the Convention, which were agreed to, viz.: Drs. J. Knight, of Connecticut, President. Alexander H. Stevens, of New York; George B. Wood, of Philadelphia; A. H. Buchanan, of Tennessee; John Harrison, of Louisiana, Vice Presidents. R. D. Arnold, of Georgia; A. Stille, of Philadelphia; F. C. Stewart, of New York, Secretaries.

The committee appointed at the last meeting to consider the subject of instituting a National Medical Association, reported, through Dr. John Watson, of New York, a plan of organization, the preface to which is as follows:

Whereas, the Medical Convention, held in the city of New York, May, 1846, have declared it expedient "for the Medical Profession of the United States to institute a National Medical Association;" and, inasmuch as an institution so conducted as to give frequent, united and emphatic expression to the views and aims of the Medical Profession in this country must at all times have a beneficial influence, and supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge, for elevating the standard of medical education, for promoting the usefulness, honor, and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men, for exciting and encouraging emulation and concert of action in the profession, and for facilitating and fostering friendly intercourse between those who are engaged in it—therefore

Be it resolved, in behalf of the Medical Profession of the United States, that the members of the Medical Convention held in Philadelphia in May, 1847, and all others who, in pursuit of the objects above mentioned, are to unite with, or succeed them, constitute a National Medical Association—the institution to be known and distinguished by the name and title of "the American Medical Association." The resolution was agreed to, and the title adopted.

The committee to whom was referred the subject of urging upon the State governments the registration of births, deaths, and marriages, reported, through Dr. J. H. Griscom, of New York, in favor of the plan, with certain resolutions. The subject was referred to a standing committee, to report annually, consisting of Drs. Griscom, of N. Y.; Lee, of N. Y.; Clark, of N. Y.; Emerson, of Philadelphia; Arnold, of Georgia; Russ, of New York; and Lemuel Shattuck, of Boston.

The subject of adopting in all our medical schools, a uniform and elevated standard of requirements for the degree of M.D., was reported upon by Dr. R. W. Haxall, Chairman of the Committee, the report urging judicious reform, and enforcing the necessity of clinical instruction. The resolutions were passed, after an animated debate. Dr. Bell, of Philadelphia, Chairman of the Committee appointed last year to report a code of medical ethics, presented such a code, which was adopted. Dr. Couper, of Delaware, from the committee on preliminary education, reported that the object to which their attention had been directed could be best effected by a uniform standard of primary education for medical students, which shall be of a moderate character, in the first instance too low rather than too high, and yet of such extent as shall insure both the knowledge and mental discipline necessary. The resolutions accompanying the report were passed.

A resolution by Dr. N. S. Davis, of Binghamton, N. Y., that a committee of one from each State represented in the Convention be appointed to investigate the *indigenous medical botany* of our country, and to report at the next annual meeting, was passed. Dr. McNaughton, of Albany, chairman of the committee on the subject of teaching and licensing medical students being in the same hands, reported against such union, and in favor of a separate Board in each State for licensing, whose pay should in no degree depend on the number licensed. Dr. Parrish, of Philadelphia, submitted another report on the same subject, in opposition to a change in the present system, but recommending additional checks in conducting it. Both these reports were subsequently referred to the committee on Medical Education, with instructions to report to the next annual meeting of the American Medical Association. On motion of Dr. Smith, of Boston, it was resolved, That the thanks of this Convention are due to the officers and directors of the various institutions who have politely invited the members to visit them at their own convenience—to the Committee of reception and arrangements, on behalf of the Philadelphia delegation, for the spacious and elegant accommodations provided—to the whole medical profession of the city for the marked kindness, personal attention, and generous hospitality which have characterized their intercourse with this body since the commencement of its deliberations—and to the Academy of Natural Sciences for the use of their room. Dr. Reese, of New York, moved that a portion of the Smithsonian fund be petitioned for, from Congress, for the uses of the Association, which motion was laid on the table. Dr. Stewart, of New York, offered the following:

Resolved, That all unfinished business be referred to the American Medical Association about to be organized.

Resolved, That this Convention do now resolve itself into the "American Medical Association," and that the officers of the Convention continue to act as officers of the Association until others are appointed. Agreed to.

On motion, the Chairman appointed a committee consisting of one person from each State represented, to nominate officers of the Association. This Committee subsequently reported the following list, which was unanimously accepted by the Convention.

Dr. Nathaniel Chapman, of Penn., President. Dr. J. Knight, of New Haven; A. H. Stevens, of New York; Dr. Moultrie, of South Carolina; Dr. Buchanan, of Tenn., Vice Presidents. Drs. Stille, of Philadelphia, and Dunbar, of Baltimore, Secretaries. Dr. J. Hays, of Philada., Treasurer.

Dr. Chapman, on taking the Chair, made some feeling remarks. He said he could find no language to express the depth of his gratitude. It had often been his good fortune during his professional life to have been complimented in the same manner, though not in the same degree. He confessed his incompetency to serve the Association. He said he loved his profession, and should be ungrateful if he did not: whatever he possessed in this life, had been bestowed by her favors; when he forgot her, or deserted her and her disciples, he remarked with great emphasis, may Almighty God forget me. He desired that the Association should be persuaded of his ardent wishes for the cause, and that it would always be his great pleasure to advance the dignity of the profession and extend its usefulness.

The Vice Presidents elect then returned their thanks to the Association.

The following are the resolutions in full, as passed, attached to the report respecting requirements for the degree of M.D.:—1st. That it be recommended to all the colleges to extend the period employed in lecturing from four to six months. 2d. That no student shall become a candidate for the degree of M.D. unless he shall have devoted three entire years to the study of medicine, including the time allotted to attendance upon the lectures. 3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies. 4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M.D. or not. 5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges; that not less than one hundred lectures be delivered by each Professor, and that the number of Professors be increased to seven. 6th. That it be required of candidates that they shall have steadily devoted three months to dissections. 7th. That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and that Medical Colleges require candidates for graduation to show that they have attended on Hospital practice for one season, whenever it can be accomplished, for the advancement of the same end. 8. That it is incumbent upon all schools and colleges granting Diplomas, fully to carry out the above requisitions. 9th. That it be considered the duty of Preceptors, to advise their students to attend only such institutions as shall rigidly adhere to the recommendations herein contained.

It was also resolved, That it be suggested to the faculties of the various medical institutions to adopt some efficient measure for ascertaining that their students are actually in attendance upon their lectures.

We are indebted to the Public Ledger, of Philadelphia, for reports of the proceedings, from which much of the above has been condensed.

To Correspondents, &c.—Dr. Mattson's reply to Dr. Reese was not received in season for this No.—Two communications, respecting the approaching anniversary of the Massachusetts Medical Society, and complaining of the dinner provided last year for the members, have been received.—An interesting case of obstetrics, in which the letheon was administered, has occurred in this city, a report of which is promised by Dr. Channing.—Dr. Dix's paper in to-day's Journal is a valuable one, as the cure effected is something new in ophthalmology.—Two letters have been received from New York, written by responsible individuals, in which the statement in the Journal of April 28th respecting Dr. Horace Green being expelled from the New York Medical and Surgical Society, is pronounced untrue. We are unacquainted with the facts in the case, and shall wait for further information respecting them.

Married,—In this city, Hervey B. Wilbur, M.D., of Barre, to Miss Harriet Holden, of Boston. —In Ludlow, Vt., Dr. Daniel Jones to Miss Mary A. Barrett.

Died,—At Rutland, Mass., Charles Safford, M.D., 42.—At Jamestown, N. Y., Dr. Abraham Hazeltine, of Busti, N. Y., 50.—In Marietta, Ohio, Hon. John Cotton, M.D., 86, a lineal descendant of the celebrated divine of that name.—In St. Louis, Dr. Samuel L. Stephenson, 34, formerly of Portland, Me., but late of West Ely, Mo.

Report of Deaths in Boston—for the week ending May 8th, 73.—Males, 33—females, 40. Stillborn, 9. Of consumption, 12—typhus fever, 20—lung fever, 3—scarlet fever, 1—inflammation of the bowels, 2—apoplexy, 1—hooping cough, 1—measles, 2—infantile, 2—old age, 4—dropsy on the brain, 7—marasmus, 5—disease of the heart, 2—dysentery, 1—debility, 1—asthma, 1—disease of the bones, 1—suicide, 1—accidental, 1—cholera infantum, 1—child-bed, 1—croup, 1—convulsions, 1—dropsy on the chest, 1.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 9—over 60 years, 13.

Promotions and Appointments in the Medical Corps of the Navy. Promotions.—Passed Assistant Surgeon J. Dickinson Miller, to be surgeon, vice J. C. Spencer, resigned.

The following assistant surgeons were examined by the board now in session at Philadelphia, and found qualified for promotion, viz.: John Hastings, to rank next after passed assistant surgeon Thornley. Richard T. Maxwell, to rank next after passed assistant surgeon Hastings. J. Francis Tuckerman, to rank next after passed assistant surgeon Maxwell. Morris B. Beck, to rank next after passed assistant surgeon Tuckerman. Lewis J. Williams, to rank next after passed assistant surgeon Beck. Richard McSherry, to rank next after passed assistant surgeon Williams.

Appointments.—The following candidates were found qualified for admission into the service in 1844, and were commissioned as assistant surgeons on the 5th of March, 1847, viz.: Philip Lansdale, of Maryland; T. Benson De Lany, of Delaware; Alexander J. Rice, of New Hampshire; John B. Pettit, of Ohio; Thomas B. Steele, of Maryland; James F. Harrison, of Virginia; A. Nelson Bell, of Connecticut.

The following candidates were found qualified by the board now in session at Philadelphia, and assigned to rank as assistant surgeons in the following order, viz.: No. 1. William J. Babb, of Pennsylvania. 2. R. J. Farqueharson, of Louisiana. 3. Alexander Robinson, Jr., of Virginia. 4. Edward R. Squibb, of Pennsylvania. 5. Samuel G. White, of Georgia. 6. Benjamin Rush Mitchell, of Missouri. 7. James S. Gilliam, of Virginia.

Medical Miscellany.—The Fall River Railroad Company have paid $4500 to the heirs of the late Dr. H. D. Hitchcock, who was accidentally killed on that road.—On the 25th November last, twenty-six sheep belonging to Mr. Levi Martin, of Bingham, Me., strayed from his farm and were buried in the snow; they remained so without any food whatever, until the 14th February following, being eighty-two days, when three of the number were found alive, and two have recovered and are doing well.—Dr. C. T. Jackson, of Boston, has been appointed one of the mineralogists of the Lake Superior mining regions.—Dr. Horace Nelson, of Montreal, furnished the Morning Courier of that city, April 13th, with a communication of five solid columns on the use and value of the Letheon, which he regards as one of the greatest discoveries of any age.—Grimstone's Eye Snuff is advertised in the Canada papers, which restores sight and hearing—which will prevent diseases of a scrofulous nature from affecting the nerves of the head—*universally recommended by the faculty!*—Madame Hahnemann, widow of the founder of homœopathy, has been condemned by the Correctional Tribune at Paris to pay a fine of one hundred francs and costs, for illegally practising medicine. She pleaded in defence, that she had received a diploma as doctor of medicine in Pennsylvania.—During the year 1841, there were 1017 deaths at Vera Cruz. The whole population then was 6,500, so that one sixth died in the course of that year.—Recent accounts from Athens, represent the past season to have been unusually sickly in Greece.—Lord Morpeth has introduced a bill in parliament, proposing the establishment of a board in London, for promoting health in towns.—The late William Oliver, of Dorchester, has left one hundred thousand dollars to be equally divided between the institution for the blind at South Boston, and the McLean Asylum for the insane.